INTERN APPLICATION FORM OFFICE OF SENATOR PETER WELCH

| (Please print or type) | |
|-----------------------------------|----------------|
| FULL NAME: | SS #: |
| PERMANENT HOME ADDRESS: | |
| | |
| HOME PHONE #: | |
| CELL PHONE #: | |
| COLLEGE/UNIVERSITY: | |
| YEAR IN SCHOOL: C | UMULATIVE GPA: |
| MAJOR(S)/MINOR(S): | |
| ADDRESS AT SCHOOL: | |
| SCHOOL PHONE #: | |
| SCHOOL EMAIL: | |
| I AM APPLYING FOR AN INTERNSHIP I | N: DC VT |
| I CAN INTERVIEW IN PERSON | VIRTUAL ONLY |
| PREFERRED DAYS/TIMES FOR INTERV | IEW: |

| Application materials checklist: * required | |
|---|-----|
| Application Form* Cover Letter* | () |
| Résumé* | () |
| Transcript: | () |
| Writing Sample* | () |
| 2 Letters of Recommendation* | () |

All application materials should be emailed to: $\underline{welchinterns@welch.senate.gov}$